

**Re HB 2204: Form to certify status as an industrial insured.**

To: \_\_\_\_\_  
(Complete Name of Insurer)

I, \_\_\_\_\_ (your name) certify that:

1. I am \_\_\_\_\_ (owner or an officer) of  
\_\_\_\_\_ (name of industrial insured as  
it will appear on the insurance policy to be issued by the above-named insurer).

2. I have read and understand A.R.S. § 20-401.07(A)(1) set forth below;

“Industrial insured” means an insured that applies for or procures any insurance that  
is subject to Article 4.1 of this chapter through the use of a risk manager and that  
meets at least two of the following criteria:

- ☐ Has aggregate annual gross premiums for insurance on all property and casualty  
risks that are subject to Article 4.1 of this chapter totaling at least one hundred thousand dollars as  
of the preceding fiscal year end of the industrial insured.
- ☐ b. Possesses a net worth of over ten million dollars as of the preceding fiscal year end of the  
industrial insured as verified by a certified public accountant.
- ☐ c. Has net revenues or sales exceeding twenty-five million dollars as of the preceding fiscal  
year end of the industrial insured as verified by a certified public accountant.
- ☐ d. Has more than eighty full-time employees or equivalent per individual company or one  
hundred full-time employees or equivalent per holding company system as of the date of the  
policy is issued.

3. \_\_\_\_\_ (name of industrial insured) is an industrial insured  
pursuant to A.R.S. § 20-401.07 and meets the statutory criteria checked above (check all that  
apply in number two).

**CERTIFICATION**

STATE OF: \_\_\_\_\_)  
COUNTY OF: \_\_\_\_\_)

Being first duly sworn, \_\_\_\_\_ deposes and says that he/she has read the  
foregoing, and each statement and answer made, and under penalty of perjury, swears that all such answers  
are true and correct.

\_\_\_\_\_  
Full **Signature** of Officer or Owner  
(Include **FULL** first, middle and last names)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (SEAL)